



# City of Seattle CLAIM FOR DAMAGES

Note:  
**Type or Print Legibly.**  
See instructions on back.

## CITY USE ONLY

CLAIM NUMBER

DATE FILED

<b>CLAIMANT</b>		NAME (FIRST – MIDDLE – LAST, OR BUSINESS NAME)	DATE OF BIRTH	HOME PHONE
CURRENT HOME ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)				BUS. PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER – STREET – CITY – STATE – ZIP)			CELL PHONE	E-MAIL ADDRESS
<b>ACCIDENT/LOSS</b>		DATE	TIME	<b>DIAGRAM</b> Use if this will help you locate or describe what happened
<b>LOCATION/SITE</b>		BE VERY SPECIFIC: STREETS, ADDRESSES, etc.		
<b>WHAT HAPPENED?</b>		DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)		
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT		CITY DEPT?		
1) _____ 2) _____ 3) _____		CITY EMPLOYEE		
Ph: _____ Ph: _____ Ph: _____		CITY VEHICLE NUMBER, LICENSE, etc.		
<b>WAS YOUR PROPERTY DAMAGED?</b> (i.e. Home, Auto, Personal Property)				
<input type="checkbox"/> YES IF SO, THEN FULLY DESCRIBE – SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE				
<input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)				
<b>WERE YOU INJURED?</b> <input type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)				
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) _____				
WAGE LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN RATE OF PAY: _____				
KIND OF WORK _____ EMPLOYER _____				
<b>AMOUNT CLAIMED</b>		\$		
<b>SIGNATURE OF CLAIMANT</b> (AND TITLE, IF A BUSINESS)		I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct		
<p>This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant.</p>		EXECUTED this _____ day of _____, 20____,		
		At _____, _____ County, Washington		
		X _____		

## PRESENTATION OF A CLAIM

This official City of Seattle document must be signed, and mailed or delivered

**Mail to:**

CITY CLERK'S OFFICE  
PO BOX 94728  
Seattle, WA 98124-4728

**Deliver to:**

**CITY HALL**  
600 Fourth Avenue, 3<sup>rd</sup> Floor  
Between James St. & Cherry St.  
Business Hours: Monday-Friday, 8:00 AM-5:00 PM  
Closed on Weekends and Official City of Seattle Holidays

An adjuster will be assigned to your claim after it is filed with the City Clerk's Office. **It is to your advantage** to present with your claim relevant supporting documents (receipts, cancelled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). All documents are subject to the Washington State Public Disclosure Statutes. Additional Claim forms can be downloaded from the Risk Management website. (<http://www.seattle.gov/riskmanagement>)

## EXPLANATION OF THE CLAIMS PROCESS

The day after your Claim is filed in the City Clerk's Office, it is delivered to the Claims Section. The Claim is then assigned to an adjuster who will conduct an investigation which includes a written response from the involved department. The Claims Section will then evaluate and recommend a reasonable resolution of your Claim, which will be one of three alternatives

1. Pay a sum of money
2. Tender – transfer to another party or entity responsible for your alleged damage
3. Deny – where there is no evidence of any negligence by the City

If you have any questions, then do not hesitate to call the Claims Section at 206-684-8213.

CS 19.10 REV. 11/09

**THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.